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POST-MORTEM EXAMINATIONS INTENDED FOR LEGAL PURPOSES.

By H. Lotherby, M.D., Lecturer on Chemistry at the Med. School of the London Hospital.

A VERY slight acquaintance with the practice of our criminal courts is sufficient to point out this very prominent fact, that of all classes of persons who may be called upon to give evidence, medical men generally cut the worst figure. They are so undecided in their manner; have always omitted so many important points of the inquiry; are accustomed to rely so thoroughly on the opinions of others; and, in short, give their testimony with so much qualification and confusion, that they are looked upon as a prominent and an easy mark for the very worst advocates. Now, the secret of all this appears to lay in one or other of three great deficiencies, as—1st, a want of a good medical knowledge; 2nd, a want of method or system in conducting the inquiry; or, 3rd, a want of caution in forming an opinion, and of steadiness in asserting it. Omitting the first of these, which is, unfortunately, a far too frequent cause, but which cannot be discussed here, then the second assumes the greater importance, for it is out of this want of method that the third is sure to flow; it begets incaution and uncertainty in the manner of the witness, and is suggestive of all the subtlety and misconstruction with which the case is sure to be surrounded; and if it does not beget, it will favor the development of the other bad but plausible elements of jurisprudence.

I have more than once seen a good and a clear evidence broken into pieces, and made altogether worthless, because the observance of some little point, remote enough in the inquiry, had been omitted. Let me take an instance:—A man dies suddenly, and circumstances seem to show that he had been poisoned; the medical attendant does not entertain a doubt upon the question; he had, in fact, made up his mind before the body was looked at, and, to his thinking, there was no necessity for examining the head, or the spinal cord, or even the heart, beyond taking a glance at its position. When, therefore, he gets to be questioned in the witness box, he is compelled to admit that he does not know anything about the state of the nervous centres, and is quite unable to say whether the coronary arteries were normal; whether the valves of the heart were healthy; whether there was any communication between its right and left sides; and he is, in fact, altogether unprepared to negative a supposition, that death might have been occasioned by any one of half-a-dozen natural causes which the sophistry of an advocate could

easily invent, and as easily give probability to ; and then comes the consequence—that his evidence, though good in the main, and absolutely correct in its import, is, nevertheless, set down as nought, and he himself abused and grievously discredited.

Now this is not an imaginary or an overdrawn instance ; for the daily and almost hourly practice of our courts is giving the reality to similar ones ; and we may learn from them a world of profitable experience—as, not to be guided by premature opinion, nor to take anything for granted, and, above all, to observe a method in conducting our inquiries.

Again, the law of evidence imposes upon every medical man the necessity of conducting his operations in such a manner as will enable him to take cognizance of every fact connected with the inquiry ; and these, moreover, should be recorded in exactly the order in which they occur. In this manner, he will possess himself of all the information relating to the case ; he will be able to meet the sophistry of an opposing counsel—to give his testimony clearly and distinctly—and to say with much confidence what has, or what has not, been the immediate cause of death.

A little attention to duties of this kind has led me to think, that almost every medico-legal inquiry may be profitably conducted, if it be followed out somewhat after this manner :—

1. Record the name, age and sex of the deceased.
2. Note the day and the time at which the examination is made, and set down the period which has intervened since death.
3. Direct attention, as early as possible, to surrounding circumstances, as to whether there is any weapon or trace of blood near, any cup or bottle likely to have contained a poison, or any evidence whatever in the position of things about the body to indicate a struggle or the cause of death.
4. Observe the position of the body. Is it in bed or on the ground ; and how does it lie ?—or is it suspended ?—and so on.
5. Is the body naked ?—or are the clothes on ?—and are these disturbed or torn ?
6. Notice the position of the limbs. Are they or the fingers bent, as if convulsions had preceded death ? Open the hands and search for anything which may have been torn from an opponent during the death struggle.
7. Observe the appearance of the countenance, as regards its color and expression. Are the eyes open or prominent ? What is the state of the conjunctiva and pupil ? Is the mouth open, or is there any foam about it ? Does the tongue protrude, or is it bitten ? Smell the mouth, and notice the color of the gums.

Connected with this part of the inquiry it may be said that the countenance will often give an important indication of the cause of death, and of some of the circumstances which immediately preceded it. Thus, as regards its color, it is mostly livid after apoplexy and death from hanging or strangulation, and pale from hydrocyanic acid, the mineral acids, and the alkalies, as well as from most of the vegetable poisons, from blows upon the epigastrium, or injury to some vital organ. On the other

hand, it may be either pale or red after poisoning by carbonic acid, alcohol, or opium, and some other poisons.

The expression of the face, too, is generally convulsive when there has been much struggle immediately before death, as during hanging, drowning, or poisoning by prussic acid, strychnia, and nux vomica; and it is often convulsed in cases of death accompanied by great hæmorrhage. On the contrary, there is more frequently a calmness in the expression after death from apoplexy, opium, carbonic acid, &c.; while the features are pinched, and there is an anxiety in the look, after the action of the metallic and most vegetable poisons.

The eye, also, is generally open, prominent and glazed, after the effects of hydrocyanic acid, and prominent and injected after death from apoplexy and strangulation. Some authors, moreover, have described a suffused or even ecchymosed condition of the conjunctiva after death from arsenic.

The foam about the mouth is very characteristic of prussic acid, while the bitten tongue would indicate a great struggle or convulsive action immediately before death.

The gums put on a blue appearance after poisoning by lead; and the red or spongy gum, or even an ulcerative condition of the mouth, is often indicative of the action of mercury. It must be remembered, however, that the same appearances, together with extreme salivation, have been produced by other substances, as iodide of potassium, colchicum, fox-glove, croton oil, and some other metallic and vegetable substances.

8. Proceed to remove all clothes from the body, and observe if there has been any evacuation just before death, either from the stomach, rectum or bladder, or if there has been an emission of seminal fluid. All of these appearances indicate convulsive action, and the latter, which is the common accompaniment of death from hanging, points to an irritation of the upper part of the spinal cord, and may serve to establish the fact of suspension before death, supposing that an opposite question were to arise.

9. Note the appearance of the body, whether deceased was fat or thin. Observe the color of the skin, whether it is livid in any part, or if it presents any marks of violence, and if putrefaction has commenced. The color of the skin is exceedingly pale when there has been much hæmorrhage before death, or after starvation, &c., and it acquires a yellow tint after poisoning by lead and copper; it is often ecchymosed or covered with purple petechiæ after arsenic, and some wasting diseases. The dependent parts are generally very livid soon after death by hydrocyanic and carbonic acids; and when there is any mark of violence, this should be accurately described, considering by what means it was likely to have been occasioned; whether it could have happened by accident, by the hand of deceased, or by that of another person. In examining wounds about the throat, it is of great importance to notice on which side of the neck the wound is deepest, for this may indicate where the cut was commenced, and whether it was made from right to left, or from left to right: dissect them, also, to learn what parts have been involved in the division. If there is any mark of a cord around the neck, observe

where the knot pressed, or where the cord was crossed; for one person would, in all probability, strangle another by crossing it behind, while in a case of self-murder it would, most likely, be crossed in front.

Lastly, it is of great consequence to know whether the wounds or bruises were produced before or after death, and although this cannot always be confidently stated, yet there are circumstances which will often furnish very important indication—as the absence or presence of coagula in the wound, or of ecchymoses around it, or of infiltration of blood, fibrin or serum, into the surrounding tissue; and I have noticed that most *post-mortem* wounds soon dry and discolor upon the edges, acquiring a brownish, parchment-like appearance.

With respect to the evidence furnished by putrefaction, I shall have occasion to refer to this more particularly under the next head; but it may here be stated that most poisoned and plethoric bodies putrefy quickly, and especially those of persons who have died soon after a full meal; while, in the reverse cases, and after poisoning by arsenic, there is generally a delay in this process.

11. Can any opinion be formed as to the time which has elapsed since death took place?

This is often a very important question, and may involve an answer having a certain day, or even hour, for its limit. We shall find, however, that the *post-mortem* signs are not by any means so constant in their occurrence, or so conclusive in their import, as to warrant us in making, on all occasions, such a positive reply. Our evidence upon the subject may be collected somewhat after the following manner:—

(a) Is there any warmth in the body?

I have not been able to get together very many facts connected with this as a sign, and my observations have been made chiefly upon subjects removed directly after death from the wards of a hospital into a dead-house, the temperature of which was about 50° Fahrenheit. I have found that adults cooled pretty constantly after this manner:—the extremities lost their heat very rapidly, sinking to the temperature of the room in less than three hours, while the surface of the trunk has felt warm, even up to the twenty-fourth hour; and at this time a thermometer, placed either in the axilla or rectum, has generally stood at somewhat above 70 Fahrenheit. In fact, these parts have hardly ever lost the whole of their heat until after the lapse of thirty-six, or sometimes forty-eight hours.

There are many circumstances, however, which may modify this order of things, as, for instance, the body would have cooled faster had it been exposed to a current of cold air, or had it been immersed in cold water; also children and very thin subjects will cool sooner than adults, or corpulent ones. Again, when the body has remained in bed, or been well clothed and surrounded by bad conductors, the temperature is retained for a somewhat longer time.

(b.) Has the rigor mortis set in?

It most commonly happens that the limbs begin to stiffen in about two or three hours after death, and the rigor is generally firm and complete

after the lapse of seven or eight hours. To this, however, there are occasional exceptions, as, for example, it is nearly always accelerated when the fatal event has been sudden, and when, immediately before death, there has been violent convulsive action, or a prolonged muscular exertion. In such cases the living spasm appears to pass at once into the dead rigor. Look, for instance, at the suicide, who is often found with the weapon firm in his grasp; and so with the murdered and the drowned, who frequently retain their hold of objects which had been clutched during the death struggle. Cases, on the contrary, will now and then occur, in which the rigor mortis appears to have been delayed for a very considerable period. Such, however, is rarely the sequence of sudden death, but it is, as far as my experience goes, indicative of some inflammatory action immediately before death. It has also been said that there is no cadaveric rigidity when life has been destroyed by lightning or by electricity; but I am not disposed to put faith in this assertion, for experiments on animals seem to show that a fatal shock will throw them at once into a state of extreme rigidity, out of which they will pass in an unusually short time.

(c.) What is the condition of the cornea?

In general the cornea becomes slightly clouded after the lapse of nine or ten hours. In about sixteen this condition is still more evident; it then gets somewhat lax, is easily indented on pressure, and when this is made upon the side of the eyeball, the cornea becomes still more opaque. In about twenty-four hours it commonly acquires perceptibly greater laxity, and in forty-eight it may become quite flat, and so opaque, that the pupil can hardly be defined through it.

(d.) Has putrefaction commenced?

This is rather an inconstant event, and is liable to be interfered with by many modifying circumstances, such as the temperature of the room, the time of the year, the condition of the body, the cause of death, and whether it occurred soon after a meal or not, and so on. Nevertheless, we must attempt to set down something like an order for the time and succession of its several steps. In about eight or ten hours after death, the surface of the body, especially over the chest, and on the inside of the arms and thighs, puts on a marbled appearance, due to a turgescence of the superficial veins. In about sixteen hours, the dependent parts become livid or reddish-purple, and after the lapse of twenty-four hours this lividity is generally very marked, and the marbling on the chest and arms begins to acquire a purplish tint. About the second day it assumes a brownish hue, and at this time the abdomen and groin show more evident marks of the putrefactive process, by acquiring a green color. From this period it advances with more or less rapidity, according to attendant circumstances. In five or six days, the entire surface is ordinarily very green, and the venous marbling still strongly marked. About this time, in warm weather, the epidermis begins to loosen, and the fluids acquire great liquidity and gravitate to the dependent parts, through which they readily escape; beyond this, the track of decomposition can scarcely be followed with any certainty.

While we are occupied in discussing the question which refers to the time of death, it may not be altogether out of place to refer to those evidences which prove that death has actually taken place, for there are several morbid agents which have the power of producing a state exactly simulating death, and it will devolve on the medical man to pronounce whether that state is apparent or real. The records of this country, but more especially those of France, where the burials are more hastily hurried over, show that numbers are annually consigned to a premature grave.

12. What therefore are the evidences which show that death has really taken place?

(a.) An absence of cardiac pulsation, and of the respiratory movements.

(b.) A loss of sensibility in the excito-motory system, as when the eyelids cease to wink on being touched, or the limbs and muscles to move on being pinched or pricked; one of the most powerful agents as a test of this function is galvanism, and I have found that the muscles lose their faculty of contracting under its influence in about three hours after death. Nyster has given results which appear to indicate a much longer persistence of this last act of vitality; but as far as my experiments have gone, I am led to think that three hours is about the mean time of its duration.

(c.) The appearance of the rigor mortis, which generally sets in after about two or three hours.

(f.) The loss of temperature in the body.

(g.) The opacity or cloudiness of the cornea.

(h.) The lividity of the dependent parts, and the mottling on the arms and chest.

(i.) The setting in of putrefaction.

Of all these signs of death, the second merits the greatest consideration, because of the certainty of its import, and of the early period at which it generally manifests itself.

13. Examine the head, and note if there is any bruise on the scalp; does the latter bleed freely as if its vessels had been congested?

14. Are the membranes of the brain natural, and is there any fluid upon or beneath the dura mater; note its quality and quantity; and when there is any blood, observe if it is coagulated or not. Are the vessels on the surface of the brain gorged or not; and is the blood liquid or dark?

All the considerations which arise from these inquiries will be well enough understood, but it is to be remembered that apoplexy, and, according to Dr. Conolly, epilepsy complicated with mania, will nearly always produce an extreme congestion of the vessels of the brain, and even, in some instances, effusion of blood between the dura mater and arachnoid.

15. Remove the brain, and examine it by making a series of thin horizontal slices, until it reaches quite to the base; observe if there has been any softening, or are there any bloody points indicative of congestion;

has any blood or serum been effused into its substance, or into the ventricles; and what is the condition of the choroid plexus.

If the brain has not been examined in this careful manner, difficulties may arise in after stages of the inquiry, for no person can pretend to say whether it was diseased or not.

16. Examine the calvarium and the base of the skull for any fracture.—*London Lancet.*

HEMORRHAGE FROM THE LIVER.

By Edward G. Ludlow, M.D., New York.

A GENTLEMAN aged 58, of delicate frame, was taken ill on the 21st December last. He complained of great exhaustion, with pain in the right shoulder; his pulse was 65, and feeble; his tongue slightly coated, but moist; he was ordered pill hydrg. at night, to be followed in the morning by eccoprotic mixture, with small doses of vin. tinct. colchici. Under this treatment his general symptoms improved. On the morning of the 3d January I saw him at 11 o'clock; he was reading the morning paper, and expressed himself better. At 1 o'clock I was sent for in great haste, and found him, on my arrival, cold and pulseless, complaining of agonizing pain in the abdomen, which was much alleviated by means of hot brandy and water, with tinct. opii and fomentations. He was relieved in about fifteen minutes, when a slight spasm of the facial muscles was observed, and he expired.

With the aid of Dr. Sabine I made a *post-mortem* examination, of which the following notes were taken:—

External Appearances.—Body generally pale, with slight yellowish tinge; muscles rigid.

Chest.—Lungs slightly emphysematous and studded with spurious melanotic spots.

Heart.—Normal in size and thickness; semilunar valves of left side studded with slightly ossific deposit.

Abdomen.—On opening this cavity the intestines were found floating in fluid blood and serum, which were removed with numerous coagula—amounting to several pints, “half a chamber full.” On careful examination a laceration was found in the posterior part of the inferior concave surface of the right lobe of the liver, which was filled with a coagulum. The liver was carefully removed from the body, and on pressing the finger carefully into the rupture, it was carried into an extensive lacerated cavity extending upwards and backwards. On laying open the cavity an opening was discovered in the right hepatic vena cava, from which the fatal hemorrhage had taken place.

The rest of the viscera healthy, except the kidneys—both were encysted, particularly the left; the superior cyst of which would probably contain ten ounces.

Abercrombie, in his *Pathological Researches on the Diseases of the Stomach and Liver*, relates the case of a gentleman mentioned by Andral,

previously in perfect health, who, on getting up one morning, complained of some uneasiness in the abdomen, and returned to bed, where he was left alone for some time. When his attendants returned to the room he was dead. On inspection much extravasated blood was found in the cavity of the abdomen, which appeared to have proceeded from a lacerated opening in the substance of the liver. This led to a small cavity full of coagulated blood, and the hemorrhage was distinctly traced to the rupture of a branch of the vena porta.—*New York Journal of Med.*

[The Editor of the New York Journal adds the following to the above.]

A case very similar to the above came under our notice a few years since, in the person of a married lady, aged 36, the mother of several children. She rose in the morning in perfect health; and while standing before her looking-glass making her toilet, she felt a sudden pain in the region of the liver; not, however, so severe as to cause any serious inconvenience at the moment. She became faint in the course of an hour, and vomited; was unable to sit up, and sent for a physician, who called me in consultation. I found her almost pulseless, with cold extremities and surface; sunken, anxious expression of features, and a distressing sensation of sinking at the epigastrium. She grew gradually weaker and weaker, and expired in about ten hours from the time of the attack. *Post-mortem* examination revealed a laceration in the liver. The cavity of the abdomen contained more than a gallon of extravasated blood. All the other organs were healthy. Although no opening was found in the *vena cava* there can be no doubt, we think, that the hemorrhage proceeded from that vessel.

CASES, BY AN OLD PHYSICIAN.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have recently received several interesting medical communications from my venerable friend, Dr. Oliver Partridge, of Stockbridge, now in the 96th year of his age, and still enjoying a comfortable state of health. They are very curious and instructive. The doctor has been in practice more than 67 years, and in that time he says "it has been my lot, 1st, to invent a speedy and safe remedy for breeding sickness, even if the stomach ejects all food and medicine and the abdominal spasms are seemingly intolerable. 2nd, two cases of females in constant spasms, unless in an horizontal posture or on their backs, and one given over to die as incurable by two of my superiors, after their close attendance fifteen months, tucked on to my care for leanness and debility exceeding all, like a skeleton covered with a wet cloth. 3d, I have found a new method (to me) of curing the piles, by practising on myself. 4th, I think I have much the best way of relieving a prolapsus uteri; but I find every one has the best way. 5th, in two cases, one of an arm, the other of a leg paralyzed by mercury, I have afforded relief. I began after twenty years

to attend to females, and in the second of the above cases I persevered from 1797, five and a half years, before the cure was completed, and it established me for perseverance. The two first and the last of these methods were new to me. I am told no one whatever thought of it. I am told it meets some approval."

I have solicited the doctor to let me lay these communications before the public. He has consented to have the following cases and remarks published, either in your Journal, in the Transactions of the Massachusetts Medical Society, or in any journal to which I may choose to send them. As your Journal has a more extensive circulation in Massachusetts than any other, I have taken the liberty to forward them to you, and I hope you will see fit to publish them. As it is somewhat difficult to read the handwriting of Dr. Partridge, on account of a kind of paralysis of his right arm, he has requested our mutual friend, Dr. Fowler, of Stockbridge, to transcribe these cases for me. I think you will find them very curious and interesting, and, so far as my observation goes, new. Coming from such a source, I think they will be read with much avidity by our professional brethren.

Yours, &c.

Deerfield, Ms., May 20th, 1846.

STEPHEN W. WILLIAMS.

Limbs paralyzed by Mercury, Restored.

In my early acquaintance with medicine, Jan. 7, 1774, I set a small tin box on a shelf, with two or three drachms of mercury in it, and carelessly left it; next day, going to it I found the box completely unsoldered, and the tins pressed out, and a quantity of a yellowish brown powder and many globules of mercury, with the vials, on the shelf near by. Here was evidence of a strong affinity between mercury and lead. I said to myself, Mr. Mercurius, little did I think you had such an affection for Mrs. Plumbum as to devour her, and leave nothing but her dress, and that in a powder. I will remember this, and if I have a chance will glut you with saccharum saturni.

Thirty-three years after, Sept., 1807, my sister, the wife of N. Bull, Esq., of Lanesboro', was very sick. He and Dr. Burbank desired my constant attendance. To prevent the bad effects of a change from an active to a sedentary life, I rode a little daily, and called on relations or friends who were many here. One day calling at Mr. David Jewett's, his daughter Anna came in, took a chair and put it by another, sat down and raised her legs, and with her right hand took her left arm and laid it into her lap. I said, you handle your left arm as if of not much use. She said, "the use is lost, and it is not better than a rope hung to my side, and I could not have raised it, of itself, to have saved my life." How happened it? "It was done by mercury; near two years ago, I was afflicted with a distressing pain in my head, and Dr. Burbank thought it of the inflammatory kind; he could not remove it, and Dr. Timothy Childs, and Dr. James, of Pittsfield, were both engaged, and all three attended me near fifteen months, in which time I was thoroughly salivated twice. They removed the pain, and my arm was lost. They have endeavored to recover my flesh, strength, and arm, but can do neither, not

even cure the salivation, for I have a copious spitting of about three days every month regularly." You are to be pitied, I said; but I am inclined to do something to that arm. Her mother had come into the room. She says, "We shall do no more, it is a desperate case, and we have been at very great expense; we have employed the best physicians, and they say she is incurable." I have no desire to put you to any expense, or give Miss Anna any more trouble than to wash the arm with warm water and apply a bandage. Some years ago, in compounding medicines, I found mercury had a great affinity to lead. I wish to know whether mercury is yet in that arm, or has done the mischief and gone. If there yet, I want to apply lead and see if he (mercury) has as strong affection for lead as formerly. I will, by applying lead, cast him out of his bed to embrace Mrs. Plumbum (alias lead) and glut him, and throw out both to the grasshoppers abroad, and free the arm from him. Mrs. Jewett says, "Your fancy plan, I presume, will not succeed." Madam, I think the doctor ought ever to persevere. I will see Dr. Burbank; and we went to friend Timothy Whitney's shop, and from his tea chests supplied ourselves with thin slips of lead of about an inch wide and as long as necessary, and we covered the arm from wrist to shoulder with lead and a woolen bandage snugly. She retired, smiling at the expectation of our disappointment. In the morning, on removing the bandage, we were all amazed to see the lead cut cross-ways from end to end, very few pieces of an inch long, and much of the yellowish brown powder. Miss Anna's joy was very great in expectation of a good consequence. This process was followed daily until there was no effect on the lead. In the mean time a sheath, or covering, was made for the upper arm, of softened lamb skin, flesh side inwards, and to fasten with a string round the neck and covering the shoulder also; one to fit the lower arm and be loose over the elbow, to button to the upper one, and to the wrist, setting snug; the arm to be washed daily with warm water, and well embrocated with a liniment made with the essential oils (I think) of terebinthina and origanum in alcohol, with camphor, soap, and volatile spirit of ammonia, thus to stimulate the nerves and fibres to action; the covering well saturated with the liniment will serve as a continual plaster, if covered with a flannel bandage; this will tend to restore strength. I soon returned home, and Dr. Burbank did, I presume, all that was necessary to restore health; for six months after, in March, 1808, she brought a pail of water ten rods, from the spring to the house. That season she consummated her marriage agreement with Mr. Stiles, and went and settled in Lisle, near Binghamton, New York, and from her neighbors in Lisle, and friends in Lanesboro', I learned that she was completely cured.

Further—another instance. Col. Henry Brown, about 1818, bought a township on the borders of Lake Erie, thirty miles beyond Cleveland, and invited young married couples to go and settle there. Mr. Levi Shepard and his wife, with one child, went. Her brother Sylvester Barnum, his wife and two children, also went from Stockbridge; and Mrs. Shepard had the fever of the country repeatedly, from time to time, year after year, and was reduced to a weak and infirm state, and one leg was

paralyzed with mercury, and she went on her crutches, drawing one leg after her about house, more than a year before I heard of it. I wrote to friend Shepard. The letter was for her doctor to try to restore her leg, and more than a year after that, I heard my directions were beneficial. Barnum's wife had one more daughter, and a while after, Mrs. B. died. He came and found another wife, and after a year or two she died. He came and found a third, who had disposed of her chickens and wanted such a friendly, sociable mate as Mr. Barnum was, who had rather talk some than sleep all night. He married and staid with her a while, and she concluded to sell and go to Ohio with him to his children. After a year or more she died. Barnum having buried three, says, I will take no more wives to Ohio; two of his daughters found their mates. He sells his farm and comes to Stockbridge, buys to suit, and marries an old pullet, and they are as happy as two doves. Some weeks ago he called to see me in my long confinement, and talking of Ohio, says, "Sister Shepard's cure, from your prescriptions, is ever remembered with gratitude; you would have been astonished to have seen how the lead was cut to pieces the whole length of the leg; then less and less, and what was put to the ham for three inches, was cut into pieces twice as long as any other part of the leg. The doctor did all as directed, and some more, as he electrized her, which he thought did her good. She was restored to health and able to walk, as well as ever, two miles to meeting with me before I left there." So said her brother Barnum.

I have been thus particular in the relation of these cases, because, that such have been asserted as impossible, and not to be credited. Facts are not to be denied. Occurrences seemingly trifling may providentially eventuate in great good, and the agents be only the instruments.

From your friend,

OLIVER PARTRIDGE.

Dated at Stockbridge, 27th April, 1846, it being the first day of my 96th year. O. P.

P. S.—DR. WILLIAMS. Dear Sir,—Having copied the above for Dr. Partridge, I presented it to him; on which occasion he presented to me additional facts in relation to the recovery of Mrs. Shepard, which I advised him to transmit to you, whereon he desired me to do it. It seems that Mrs. S. had but one child when she removed from Stockbridge, and had no more until after her recovery by means of the lead. She then expressed herself as having a return of her youthful feelings, and subsequently gave birth, successively, to three children, and is now enjoying a healthful and vigorous old age. Very truly yours,

ROYAL FOWLER.

ENLARGEMENT OF THE THYMUS GLAND.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case is reported by C. A. Porter, A.M., M.D., formerly Resident Physician of the Philadelphia Alms House Hospital, Physician New York Dispensary, &c.

T—— S——, a robust child, *æt.* 3 months, brought to the New York Dispensary September 17, 1845, panting for breath. It immediately struck me as a case of croup, i. e., I thought it was the croupy sound. I. A. Washington, M.D., a gentleman for whose opinion I have much respect, happening to be present on a visit, after an examination, replied, "It is pneumonic respiration." He suggested to get an ounce of blood by a cup between the shoulders, which was promptly done by the attentive Resident Physician, W. B. Parkinson, M.D. I directed *syr. ipecac.* and apply to throat and chest a liniment of *ol. terebinth.* and *acid. acet.* equal parts; also mustard *pediluvia*. The child was taken with convulsions towards evening of the same day, and deceased about 11 o'clock at night. The above occurred at the Dispensary. About two hours afterwards, I made a visit to note the effect of treatment. Unfortunately they had given me the wrong No. I could not find the place, and they informed me next day, at the Dispensary, of the result.

Autopsy, September 18, 12 o'clock. My colleagues, Drs. I. E. Taylor and S. C. Foster, kindly assisted me. We discovered no appearances of either pneumonia or croup. We thought the thymus gland might be considerably enlarged, and this pressing on the air-vessels may have produced the difficulty of breathing, and afterwards the convulsions. For want of time, and from aversion of the family, we did not extend our examination into the brain. The thymus weighed, according to W. C. Roberts, M.D., one ounce: usual weight is about half an ounce. S. C. Foster, M.D. thought there was hypertrophy of the left ventricle. The foramen ovale was perfectly closed.

Remarks.—We have not the inclination—if we had the ability—to go deeply into the thymus gland; neither is it necessary, for Dr. Roberts, and several other medical gentlemen of eminence, have pioneered the way for us, and by their exertions shed much light upon the subject. It is our own opinion that many, very many, well and carefully observed facts are yet wanting to enable us to arrive at correct and certain practical deductions.

Quere.—What would homœopathia, or even hydropathia, achieve in a case like the above? We have very recently witnessed a case in this State. A very worthy friend of ours—having perfect confidence in homœopathia—having bronchitis, employed, of course, a doctor of that "persuasion." Our opinion was asked, by a relative having no confidence in this "new-light doctrine," as to the result. We replied, with considerable confidence, that the patient would recover. We remembered the sagacious remark of that acute observer, N. Chapman, M.D., of the University of Pennsylvania, "It is hard, young gentlemen, to kill a patient"; and we saw that the patient had a constitution which would carry him through; notwithstanding the negative-do-nothing treatment. The result proved us correct. We trust the "doctor" will not proclaim the case as a triumph of his system. If he do so, and hold it up as a medical fact, he will be guilty of holding up a fact as negative as his system. It will be a false fact!

Albany, N. Y., May 22, 1846.

MALIGNANT TUMOR ON THE NECK—CURE.

[Communicated for the Boston Medical and Surgical Journal.]

ABOUT thirty years ago a Mr. Stockwell, of Marlboro', Vt., consulted me on account of a tumor, which made its appearance several months previous, on the side of his neck, directly over the carotid artery; and which, at that time, had grown to about half the size of a pullet's egg. The tumor felt rather soft and yielding, and I was in doubt whether it was an aneurism of the carotid, or something else. I declined prescribing anything in the case, except that I advised the patient to avoid violent muscular efforts, to confine himself to an unstimulating diet, and, if the tumor should go on increasing and begin to be troublesome, to apply to Dr. Nathan Smith, then of Hanover, N. H. Some months afterwards Mr. S. visited Hanover, and consulted Dr. Smith. He also, as I was informed, had doubts as to the character of the tumor, but rather concluded that it was aneurismal, and agreed, in case it should become much more troublesome, to visit the patient at his home and operate for its removal. Some time afterwards, the tumor having so much enlarged as to obstruct the respiration and deglutition, Dr. S. was sent for. He came down, in company with Dr. Amos Twitchell, now of Keene, N. H., and they attempted an operation. They found the tumor (as I understood from some one of the neighbors who was present) to be very vascular and bloody, but not of an aneurismal character, as was expected, and closed the operation without removing the whole of it. The patient soon died.

About a dozen years ago, I was again consulted by a Mr. Hastings, of Gill, in this vicinity, on account of a tumor in all respects like the one above mentioned. I advised him to see Dr. Twitchell. He did so, and the tumor was by him extirpated. The wound went on healing favorably for a while, but finally put on a cancerous appearance, and the patient at length died.

A few years afterwards, a Mrs. Newcomb, of this town, whom I had been attending through a fever, had a tumor make its appearance on the neck, in all respects, so far as I could judge, like the two which so fatally terminated, as related above. On being consulted about it, I expressed my fears of its being of a malignant character, and gave her little or no encouragement of being cured. She applied to Dr. James Deane, of Greenfield, when the tumor had acquired, as I should think, nearly or quite the size of a hen's egg. He at once commenced scarifying and cupping it. He took from it six or eight ounces of blood at a time, and frequently, for several weeks. The tumor, under this treatment, in a few days began to diminish, and was finally entirely removed. The patient has recovered in good health, and has been free from every vestige of the tumor, for five or six years, and up to the present time.

Bernardston, May 18, 1846.

JOHN BROOKS.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 3, 1846.

Medical Anniversary.—According to custom, the anniversary meeting of the Massachusetts Medical Society was held on Wednesday last. The discourse of Dr. Green, of Lowell, was a plain, sensible dissertation, altogether superior to some that the members have heard on similar occasions. He had the good judgment to give an oration on a subject with which he was perfectly familiar, and one also which was new to his hearers, viz., the health of factory operatives. The corporation in Lowell would be permanent gainers by publishing the discourse on their own account, to convince the opponents of the Massachusetts system, that the spinners and weavers in factories are as thrifty, healthful, moral and long lived, as any other class of people in America.

On Thursday, at the Counsellor's meeting, Dr. Bigelow was re-elected President; Dr. Putnam, Secretary; Dr. Thomas, Librarian; Dr. Ware, Orator for 1847—all of Boston.

Census of Boston.—Lemuel Shattuck, Esq., has completed a Report to the committee of the City Council, appointed to obtain the census of Boston for the year 1845—embracing collateral facts and statistical researches, illustrating the history and condition of the population, and their means of progress and prosperity. It assumes the form of a thin octavo, of 179 pages, to which an appendix is attached, of 95 pages more, together with two valuable maps. By an extra effort at begging, a copy of this report has been obtained for examination. We indulge the expectation that in the general distribution which should be made of the work among the inhabitants, since all intelligent citizens must have a wish for it, one of them may fall to our share. Several small comments, intended to be severe upon the author, have appeared in some of the daily papers; but it cannot be that such commentators appreciate the services of Mr. Shattuck. The amount of statistical information he has collected, illustrative of the actual condition of the inhabitants of Boston, is surprising. The chapter on Public Health, alone, unconnected with other topics having a bearing upon the wealth, progressive riches or prospects of the city, is worth the cost of the publication, if the corporation heed its admonitions or practise upon its precepts. It is in that particular division of his researches that Mr. Shattuck has secured a lasting reputation. No medical man in New England has ever carried his investigations so far, or conferred a greater benefit in publishing statistical information. Life and death, the beginning and end of human existence, are objects of intense interest in all well-ordered communities. It is the province of local authorities, and all persons of intelligence, to study into the causes that shorten life—whether they are epidemics, endemics or otherwise. Sewers, cellars, wells, stables, and all accumulating reservoirs of filth, have a bearing upon the public health in all populous towns.

The atmosphere that is breathed, the water that is drunk, the houses occupied, to say nothing of the provisions sold in the markets, must necessarily influence the health of every individual, especially those residing in a compact city.

Mr. Shattuck will never be appreciated in this age—no, not by those who acknowledge the faithfulness of his labors, simply because every one cannot perceive, readily, any importance in researches respecting celibacy, matrimony, widows, orphans, or the average length of a shoemaker's days in Boston compared with one at the summit of the Green Mountains; but the period will certainly come when this book will be sought for with avidity, and its high authority and importance acknowledged.

Our statistical researches in this country are too carelessly conducted, and therefore possess but little value to fact-gatherers in other countries. Mr. Shattuck has imitated the system pursued in England, though his inquiries are not so minute, chiefly because minuteness of detail is not popular or practicable. We regard the report as the beginning of a plan, which will yet be carried out by the general government, and therefore leave the further consideration of the subject to a more fitting occasion.

Aconitum Napellus.—From Mr. John Churchill, a well-known London publisher, we received by the last steamer "An Inquiry into the Physiological and Medicinal Properties of the *Aconitum Napellus*; to which are added observations on several other species of *aconitum*, by Alexander Fleming, M.D., President of the Royal Medical Society of Edinburgh." This is an important treatise, and was so regarded by the *Senatus Academicus* of Edinburgh, in 1844, a gold medal being conferred on the author. The book is divided into six sections. In the first are considered the botany, physical characters, &c., of the plant; 2d, its physiological action on animals; 3d, its physiological action on man; 4th, its action in small doses on the different systems of organs, as the cerebro-spinal, muscular, vascular, respiratory, &c.; 5th, its therapeutic action in a variety of diseases, &c. &c.; 6th, the physiological action of the other species of *aconitum*.

An appendix follows, in which a variety of curious and instructive experiments are detailed, of much importance to the practitioner of medicine; and lastly, cases of poisoning are brought forward to show the true character of the article under every aspect in which it can be of interest to the medical profession. This is a book of profound, patient research, which could not have been the offspring of any second-rate mind. If medicine is an uncertain art, it must be admitted that we are in possession of a class of facts in relation to the specific action of certain agents in the vegetable kingdom that will positively extinguish life, if they will not prolong it. And this is not all; for by the investigations of philosophers, certain laws are discovered in the animal economy respecting the manner in which it is influenced in sickness by nature's preparations from the field, and these are noted down for reference. A re-publication of the essential portions of this trust-worthy book, could not be otherwise than prized by those into whose hands it might fall. However meagre this synoptical description may be considered, we can assure the reader that Dr. Fleming's researches are every way worthy of the commendation they have already received in Great Britain, and thus far in America.

Progress of Homœopathy.—A convention of this new school of practitioners was recently held at Philadelphia, and was well represented by delegates from the various parts of the United States. Notwithstanding the general opinion of intelligent persons that the farce of homœopathy must soon explode, and common-sense sick people look up their old medical advisers for relief, the doctrine is certainly spreading, and the homœopathic physicians pocket a far larger income for their little medicated pills, than any other class of practitioners in the country. This convention clearly decides the fact that homœopathy is not insignificant in point of numbers at least. Opposed as we are to this system, from a conviction that its success depends on the imagination of the patient, it would be useless as well as dishonest to pretend that the day of its downfall is near at hand. The delusion, if such it is, will yet flourish among us, and its friends predict its universal diffusion over all countries where civilization exists.

The next annual meeting of the homœopathic fraternity is to take place in Boston, in May, 1847.

Phrenological Almanac.—While Mr. L. N. Fowler lives, phrenology will have a strong, unyielding advocate and expounder. He has produced a curious series of illustrations to prove the truth of the science he so laboriously teaches—which will be read where larger and expensive treatises would not be likely to circulate. The *Phrenological Almanac* for 1847 contains many facts of general interest to thinking people. The cuts, however, are too abominably ugly. That of Harrawaukay, the New Zealand chief, looks as much like a baked potatoe as a savage commander. The artist has given the mild face of Mrs. Sigourney, the poetess, the brazen, staring expression of a Winnebago squaw. The written part of the *Almanac*, that which emanated exclusively from Mr. Fowler's own mind, will be recognized with pleasure by most persons.

Medical School of Maine.—Nineteen gentlemen were admitted to the degree of M.D., at the close of the recent lectures, viz.:

Charles H. Barker, Cornish, *Acute Enteritis*; William M. Barrett, Townsend, Mass., *Hypertrophy of the Heart*; Bowdoin R. Buker, Plymouth, *Acute Hydrocephalus*; Albion P. Chase, East Livermore, *Phthisis Pulmonalis*; Parmenas Dyer, Augusta, *Menorrhagia*; Luther Fitch, Portland, *Change of Air in Curing Diseases*; Andrew J. Barlow, Auburn, *Menorrhagia*; Joseph A. Jackson, Jefferson, *Pneumonia*; Asa Johnson, Limerick, *Tuberculosis*; Abial Libby, Gardiner, *Acute Pleuritis*; John D. Lincoln, Brunswick, *Tracheitis*; Daniel E. Palmer, Tuftonborough, N. H., *Amenorrhœa*; Lycurgus V. Payne, Belfast, *Mentagra*; James Sawyer, Saco, *Intermittent Fever*; Samuel F. Small, Jay, *Icterus*; Nathaniel T. True, Monmouth, *The Nerves of the Human Body*; William H. Wattles, Norwich, Conn., *Scrofula*; William Wescott, Gorham, *Acute Rheumatism*; John J. Witherbee, Machias, *Hæmatemesis*.

The institution is represented, by the Brunswick paper, to be regaining its former influence—which we are right glad to hear. It should be one of the very best at the North. A little local management would make it so. The Legislature has always been generous. The graduates passed

resolves highly complimentary to the faculty, who are men of sterling qualifications for their several chairs.

Spectacle Wearers in Boston.—Strangers are free in their comments upon the vast number of persons wearing spectacles in this city. It strikes new comers with astonishment to see such multitudes of men, women and children, in the churches, halls, theatres, places of exhibition and streets, peering through glasses. And it is not strange that they are surprised at the sight, since it is doubtful whether the wide world over presents a parallel. How is this to be explained? Is there any local cause existing here, that interferes with the functions of the eye? One man, within our personal knowledge, wears gold bowed spectacles, not because his vision is defective, but from an idea, we imagine, that it gives dignity to his expression. No doubt vanity is often at the bottom of the vice, for it is a vice when no necessity requires the assistance of art in the case.

Two large lithographic plates are before us, comprising portraits of the faculties of the Medical Department of the University of New York, and of the College of Physicians and Surgeons. In the latter, four of the professors are represented with spectacles, viz., Drs. Beck, Torry, Watts and Gilman.

Dr. Paley says that teeth were not made to ache, and it is no less certain, reasoning from the same premises, that eyes were not designed to need artificial aid. Yet from the manner they are harnessed in Boston and its vicinity, it seems that nature has either been at fault, or her processes for completing the organs have been unfortunately interrupted.

Diseases of the Penrhyn Islands.—Ophthalmia is common, as well as diseases of the skin. On the authority of Dr. Judd, hepatic maladies are extremely rare. There is but little typhus, bilious or yellow fevers, which are so frequent on continents. The children suffer from a want of cleanliness, and consequently there is a great mortality among them at times. They are permitted to eat all kinds of food, however indigestible, and excoriations, ulcers, &c., of a horrible appearance, seem to have an origin in their irregular mode of living. Capt. Wilkes is persuaded that many of the Polynesian diseases are produced by eating food in a state of fermentation—which is sometimes very offensive in smell. In that state it is preferred. Epidemics are not frequent. In 1803 and 1804 a sweeping desolation was made by an epidemic.

Pennsylvania Hospital.—From the last annual statement of accounts of the Pennsylvania Hospital, we learn that the number of patients remaining in the Hospital 4th month 26, 1845, was 88; number admitted within the year, 1073; total number treated within the year, 1161; number discharged during the year, 1047; remaining fourth month 25, 1846, 114. The number of patients treated and maintained wholly at the expense of the institution, from fourth month 26, 1845, to fourth month 25, 1846, has been as follows: remaining from last year, 70; admitted during this year, 808—total, 878. Which is an increase over last year of

122, and an increase of 96 over any previous years since the establishment of the hospital; the greatest number treated in any one year having been in 1830, when there were 782 poor patients. Of the 808 poor patients admitted during the year, 314 were *recent accidents*; which, added to 25 remaining in the house at the close of 1844-5, make a total of 369 accidents; being an increase of 23 over last year. Of the 1073 patients admitted, there were, infants born in the hospital, 23; under 18 years of age, 122; unmarried adults, 580; married adults, 277; widows and widowers, 72. Total 1073. The whole number of patients admitted into the hospital from its establishment in 1752 to fourth month 25, 1846, has been 43,061; of whom 24,091 were poor people, maintained and treated at the expense of the institution. Cured, 27,013; relieved, 5038; removed without having received material benefit, 3285; eloped, and discharged for misconduct, 1158; pregnant women delivered safely, 1033; infants born in the hospital and discharged in health, 973; died, 4447; remaining fourth month 25, 1846, 114. Total, 43,061.

German Water Cure.—A recent letter from Paris, published in the Western Lancet, contains the following.

"One of my friends, who has just returned from Germany, told me that he visited, while there, the celebrated water-cure establishment, with patients of every description in it, all undergoing the same treatment, viz., cold-dash early in the morning, then wrapped up in blankets until copious perspiration ensued; then thrown into a bath with the water down to the freezing point, and so on, *de suite*, for weeks at a time. He saw there a young American, with gonorrhœa, who, in addition to these bathings, constantly wears freezing cloths around his loins; and says that the latter and his brother intend remaining there some time to study the *system*, when they will return to the United States and open a grand hydropathic establishment; which will, notwithstanding the ignorance of the brothers, doubtless be well patronized.

Professor Draper's Work on the Organization of Plants.—This beautiful and philosophical work has received far less attention from American physicians than its merits deserve, and this, we have no doubt, is partly, at least, owing to the form of publication, viz., the quarto. In Europe, we have reason to know that it has made a most favorable impression, and is regarded as the very highest authority on the subject on which it treats. Carpenter, in his recent work on Physiology, of which we shall give an account in our next number, quotes largely from it, as do other recent writers of high standing both in Great Britain and on the Continent. We wish the publishers would bring out an edition in octavo form; when, we have no doubt, it would at once be adopted as a text-book in colleges, academies, and medical schools. We regard it as decidedly one of the ablest works of the age, and an imperishable monument of genius and philosophical taste. The same author has a text-book on Chemistry, in press, which we have no doubt will supersede most others as a manual on this subject. A History of Chemistry, also by Dr. Draper, will soon be issued in London.—*New York Jour. of Medicine.*

Deaf and Dumb.—The following facts have been communicated to me by a highly respectable clergyman, acquainted with the family, and at the time resident near them.

William Fullerton and Elizabeth his wife, in 1822, resided in the town of Hebron, county of Washington, and State of New York. They had twelve children, seven of whom were deaf mutes, and the remaining five not. The deaf and dumb children were born alternately to those that were not so. The names and ages, in 1822, of the mutes were as follows: Nancy Fullerton, aged about 22 years; John Fullerton, 20 years; Jane Fullerton, 19 years; William Fullerton, 14 years; Walter Fullerton, 12 years; David Fullerton, 9 years; Ann Fullerton, 5 years. The ages of the second and third approximate quite nearly, but I am still assured that there was one intermediate. These facts were shortly after the date communicated to Dr. Samuel Akerly, and they may be stated in one of his annual reports of the New York Deaf and Dumb Asylum.—*American Journal of the Medical Sciences.*

Medical Miscellany.—In the Boston Houses of Industry and Reformation, the expense of medical and surgical instruments, in 1845, was \$952.83. In the same period, 613 pounds of tobacco and snuff were distributed in the institutions. What will the anti-tobacco and snuffing society say to this?—Yellow fever and black vomit were both raging at Cape de Verda when the brig Pauline left, 1st of March. Since October between 4 and 5000 had died.—The smallpox at Goree, Africa, carried off 200 people in 20 days. It was carried there by a French steamer from Gaboon river. Nearly all the crew died of the same disease.—A Dr. Lowry, of Canton, Miss., recently killed a brother-in-law by both shooting and stabbing him. Dr. Samuel Gregg, of Boston, recovered a bill of \$157, of Geo. Walch, for medical attendance on a woman he called his wife, but when the bill was presented denied her relationship to him.—Twenty-five thousand dollars are in the process of being granted by Congress to meet the arrearages of the marine hospitals. There has been some talk in the House about locating some hospitals at the west.—Population of the city of Lowell, Mass., 28,841; births from May, 1845, to May, 1846, were 312 males, 345 females.—Guano is announced to be a remedy for leprosy. Dr. Peixotto has invited the attention of the Brazilian Government to this subject, that country being full of lepers.—Surgeons being scarce in Boston, a druggist officiates as surgeon in a favorite military corps, called the Lancers, and appeared on the public parade last week, in a very cutting looking chapeau.

MARRIED,—Eleezer S. Beebe, M.D., of Stafford, Ct., to Miss Harriet S. Force.

DIED,—At North Adams, on the 10th ult., Robert C. Robinson, M.D., aged 62 years.—At Canterbury, N. H., Dr. Andrew P. Wiggin, 64.

Report of Deaths in Boston—for the week ending May 30th, 63.—Males, 27, females, 36. Stillborn, 1. Of consumption, 12—measles, 12—smallpox, 3—disease of the heart, 2—lung fever, 1—dysentery, 2—croup, 2—convulsions, 4—delirium tremens, 1—old age, 2—dropsy, 1—inflammation of the brain, 1—mortification, 1—scarlet fever, 5—rupture of bloodvessel, 1—dropsy on the brain, 3—inflammation of the lungs, 2—abscess, 1—diabetes, 1—teething, 1—childbed, 1—sudden, 1—typhus fever, 2—canker, 1.

Under 5 years, 33—between 5 and 20 years, 4—between 20 and 40 years, 12—between 40 and 60 years, 7—over 60 years, 6.

Case of Hydrocele Cured by Electro-Magnetism. By THOS. L. OGIER, M.D.—An old gentleman whom I was called to attend in November, 1845, for an enlargement of the prostate gland and paralysis of the bladder, had a hydrocele of the right testicle, which caused him great inconvenience, and which he was very anxious I should operate upon. His health at that time was such as to render an operation improper, and I therefore advised him to wait until it should improve, intending then to operate by injection; or if his health did not warrant this, to give him temporary relief by simply puncturing the tumor and letting out the fluid. For the affection of the bladder, it was thought proper to apply the electro-magnetic battery, and pass the shocks from the lower part of the spine through the bladder, in all directions. Whilst making these applications, I felt desirous to know what would be the effect of passing the electric fluid through the hydrocele, and therefore determined to try it. The wires were applied to the tumor, and the electricity allowed to pass through it in every direction; this application was made every day for a fortnight, and each application was continued from six to eight or ten minutes. In about ten days the swelling was increased, the testicle itself became enlarged, and painful when pressed, the scrotum was red or slightly œdematous, and the whole tumor assumed very much the appearance of a hydrocele two or three days after the operation by injection. It remained in this condition two or three days, and then gradually subsided; and three weeks after, the parts became of the natural size. It is now more than two months since the application of the battery. The testicle remains in its normal state, the hydrocele evidently radically cured. I am not aware that hydrocele has ever before been treated by the above method. As it produces no constitutional irritation, and is of such easy application, would it not be expedient in recent cases, when there is not much thickening of the tunica vaginalis, and also in hydrocele occurring in old debilitated subjects?—*Southern Jour. of Pharmacy.*

Cyst of the Mammary Gland.—Theodosia H——, aged 44, a delicate-looking woman, and a widow, received a sharp blow upon the right mammary, three years ago. She consulted Mr. Hodgson, of Birmingham, under whose care all pain and inconvenience subsided. She remained well till two months ago, when the breast began to swell without pain or obvious cause.

Dec. 26th, 1845.—She came to St. Bartholomew's Hospital to consult Mr. Lawrence, who found an elastic tumor, covered by healthy integument. Mr. Lawrence made an opening with a lancet, and let out ten ounces of thin, yellow, purulent fluid, mixed with clots of blood. Ordered a bread poultice and meat diet.

Jan. 2nd, 1846.—There is a considerable discharge of thin purulent matter, which makes her feel weak and exhausted. Ordered two ounces of port wine daily.

10th.—The tumor has entirely subsided; about half an ounce of thin yellow discharge escapes daily in the poultice. She left the hospital at her own request, promising to return should any unfavorable symptom arise.—*London Lancet.*